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ABSTRACT

The purpose of this demonstration project was to provide orientation and mobility services for the blind in Missouri. Emphasis was placed on mobility training, because the loss of mobility by the blind person appeared to be the most severe problem. Training for the blind individual began at home, where he was taught to move about comfortably in familiar surroundings. Next the trainee, using a cane, learned to ascent and descend stairways and to locate doorways. Then the blind person was trained to travel in residential areas, and finally he was exposed to heavily congested travel in department stores, large office buildings, and bus terminals. A total of 81 persons ranging in age from 13 to 67 were referred to the project, primarily by the Saint Louis Bureau and Kansas City Bureau for the Blind. The referrals were placed in three categories: those with complete or limited training, those unable to begin training, and those who were in the Special School District. Fifty-three persons completed training, and 37 of these finished the mobility course. Individual short case studies are included in the report. (BC)

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FINAL REPORT

COMMUNITY PROGRAM OF ORIENTATION AND MOBILITY SERVICES FOR THE BLIND IN MISSOURI

PROJECT NUMBER RD 1179-S-63-64-65

SOCIETY OF SAINT VINCENT DE PAUL
OF SAINT LOUIS, MISSOURI

VT010933

FINAL REPORT

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PROJECT NUMBER RD 1179-S-63-64-65

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January 31, 1969

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PROLOGUE:

Prior to this Grant RD-1179-S-63-64-65 took form in 1962, no agency in the state of Missouri, private or public had adopted as a part of its total work with the blind the then newly formulated art and science of orientation and mobility training or in a word, peripatology. (These terms and concepts are interchangeable.)

The following pages tell how the Society of St. Vincent de Paul of St. Louis working in a partnership with the State Vocational Rehabilitation agency for the Blind - the Bureau for the Blind introduced this service into the State; what goals they hoped to realize; and the methods that were employed.

The narrative candidly states the results and relates sufficient examples to reflect its accomplishments.

The work ends on the implications of the results and offers several statements, positive and negative, that were drawn from the project. These statements include all levels of clients served. They are offered in the spirit of, in some small measure in adding to or even advancing the growing body of knowledge in this special field.

A major share of whatever success has been achieved in this project belongs to the Bureau for the Blind, Division of Welfare, State of Missouri, its director and staff for the encouragement and sustaining supportive

concern extended over the years.

OUTLINE OF FINAL REPORT

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I. INTRODUCTION

Background:

The Society of St. Vincent de Paul is an international organization of Catholic civilians who engage in works of personal service and charity and who sponsor and promote welfare programs. At the present time, the Society is functioning in over half of the countries of the world. It retains its basic interest in involving men in works of volunteer charity; but the kind and variety of involvement have, of course, changed considerably with the advent of organized social services and the related developing professional competencies.

In 1845, the first American Conference of the Society of St. Vincent de Paul was established in St. Louis, Missouri. The St. Louis experience and example quickly provided the encouragement to organize in other sections of the country, particularly in the larger metropolitan areas. It is the oldest family welfare agency in the community and its position as a progressive leader in the field of welfare is solidly established.

The Society's programming with and in behalf of the blind has been guided by several fundamental considerations and practices: 1) A positive conviction

about integration of the blind and sighted community, based upon committee conclusions reached in 1952 when the Society began its efforts to establish a suitable community program. The St. Louis committee on work with the blind gave acceptance to the following statement of position: "The underlying philosophy for care and treatment of the blind appears to center on a desire to integrate the blind group into the general population as completely as possible and to treat their problem within the framework of existing facilities and, at the same time, give recognition to the fact that in certain areas the blind with their problems must be treated as a special group." 2) The need for professional guidance in undertaking any kind of meaningful work with the blind. From 1953 onwards, the Reverend Thomas J. Carroll, Director of the Boston Guild for the Blind, has been retained by the St. Louis Society for purposes of consultation. 3) The need to work closely with other community agencies whose concern is blindness and the blind person and to avoid duplication of services while joining with interested groups and agencies toward establishing a comprehensive approach to the needs of those who are blind. 4) The need to determine upon a program which is within the capabilities and reasonable expectations of a nascent group,

while aspiring to the development of a continuously progressive program that relates to the unmet needs of the blind in the local area and in the state.

In 1960, the Society sought consultative help with regard to future programming. The history of activities and the present status were totally reviewed; and the conclusion was reached that the volunteer and educational aspects of the program be continued and re-inforced. Consultative guidance and internal discussion, as well as reference to the major agencies serving the blind, suggested that the organization should consider the inauguration of the professional services, sorely needed in the State of Missouri but not yet available. The Reverend Thomas J. Carroll, a consultant, supported by the State Bureau, strongly urged that the Society give thought to providing orientation and mobility training for blind persons on a State-wide basis. The Society responded.

Near the mid-century mark another event was unfolding that would prove relevant and of great benefit to a large number of blinded persons. This innovation had its beginnings in the experience of the U.S. servicemen blinded in World War II. In the

U.S. Army General Hospital, Valley Forge, Pennsylvania, Lieutenant Richard E. Hoover took the lead in developa travel technique for blinded soldiers utilizing a cane of extraordinary length. This "Long Cane" technique when properly employed gives the blind traveler reasonable protection from most of the hazards encountered while moving from place to place.

Training in the use of the remaining senses was established as a critically important supplement to instruction with the long cane, and success for independent foot travel was formulated from a blending of these factors. The training established rehabilitation in the area of touch, smell, and hearing separately or in conjunction with mobility training. It was proven that as each sense is retained and sharpened the person's ability to function as an independent mobile person is enhanced.

By 1955 a growing number of agencies serving blind persons throughout the country were offering foot travel training purportedly according to this technique variously referred to as the Valley Forge Technique, the Hoover Technique or the Long Cane Technique. The bulk of this mobility training was occurring in rehabilitation centers where clients lived for several weeks or months while engaging in a

variety of personal adjustments or reorganizational activities. To this point the training of mobility instructors was accomplished by apprenticeship or tutorial arrangement. Some proponents of independent foot travel for blind persons began to feel certain basic points about this long cane technique were being watered down. They felt that not enough attention was being given to principles and standards in this training so important in the rehabilitation of the blind person.

Gradually, this concern produced a formalized approach to the training of mobility instructors, and in 1960, Boston College in Chestnut Hill, Massachusetts, established a graduate program in Peripatology within the Department of Special Education. The following year, Western Michigan University in Kalamazoo, Michigan offered a similar academic program leading to a Master's Degree in Education specializing in Orientation and Mobility of the Blind. Thus, by the end of 1961, it could be said the Long Cane Technique was thoroughly validated and that a professionally orientated academic based training program was established to train mobility instructors.

Peripatology was so established as an art and a

science of developing the remaining senses in blind persons in order to achieve optimum orientation and mobility. The development of the peripatologist as a thoroughly trained professional, drawing on a systemized body of knowledge through experience, study and observation was indispensably anchored.

It also came within the competency of the peripatologist to teach spatial and mental orientation to his client, which includes the consideration of the concepts of position, localization, direction, and distance. Soon, congentially blind children and small children who have been blinded shortly after birth became a special interest to the peripatologist. These children have difficulties centered around the understanding and application of spatial concepts. The result is poor orientation, lack of manipulative skills and limited interest in environment. By recognizing certain perceptual and behavioral patterns present in these children, the peripatologists formulated a program of training in spatial organization which proved of immense value to these children.

So these concurrent forces, namely the reinforced efforts of the Society to serve the visually handicapped and the development of the Art and Science of Orientation and Mobility, were destined and did so

meet, for needs of Missourians in a very professional program.

II. THE PROJECT TAKES FORM:

Planning and Conclusions

The Society, as noted, responded to the need of providing orientation and mobility training for blind persons on a state-wide basis, and it responded, affirmatively. The planning grant was subsequently sought and attained. The project director convened the study staff and arrangements were established for continuing consultation among all participants singly and collectively. State-wide planning for mobility services was thus underway.

To be distinguished in the actual planning study were five phases, separate in logical terms but overlapping and intermingled in the reality situation. The five fold approach to planning comprised: (1) a survey of pertinent literature; (2) the visitation of schools of mobility training and of rehabilitation centers and extensive consultation with the directors and staffs of these institutions; (3) the drawing into the study of the Missouri community as represented agencies, and the sharing of information and decision making with the welfare and rehabilitative community; (4) the application of generalized findings

to the particular situation existing in Missouri and refinement of these conclusions through consultation with the other agencies, more particularly with the Bureau for the Blind; (5) the drawing up of actual procedures for the mobility training service and the working out of negotiations for referral and for payment by the Bureau for the Blind, the Missouri State School for the Blind, and the Special District for Handicapped Children in St. Louis County.

The mobility project planners through the team approach using the widest workable base adopted the following guidelines in the form of committee conclusions. It was of interest and significance at this stage of development that the convening under the auspices of the Mobility Project group constituted the first and only known instance in which all St. Louis and St. Louis County Agencies for the blind were formally represented.

As To The Peripatologist

That, mobility training be attempted only with qualified specialists.

That, these qualified specialists would function without support of supervision which lends itself to provision for qualified observation and evaluation.

That, applicants be carefully screened.

That, effort would be made to have the mobility program as it operates relate to broader research and field training needs.

As To Supportive Services

That, a sound community program of orientation and mobility training for the blind must make provision for counseling services. This service will relate primarily to intake study, to counseling services during the period of training and to activating, using, and co-ordinating other professional skills as they may be required.

As To System Of Priorities

That, the metropolitan centers, because of their identification with a large segment of the blind population offer the most logical starting points for the offering of orientation and mobility services in Missouri.

That, those who have a potential for vocational training, particularly the young blind who have a greater part of their active life ahead of them, should receive the top priority.

As to Relationship with Other Agencies

That, the new service should be closely associated with the work of the Bureau for the Blind in the State of Missouri. Basically, all applications for

service should be brought to the consideration of the Society's orientation and mobility training service through the Bureau for the Blind. It is foreseen that, following this referral method, a very high degree of collaboration and co-ordination can be achieved between the Bureau for the Blind and the Society's mobility service.

As To Relationship To Total Rehabilitation

That, mobility training is not synonymous with total rehabilitation - it is not complete answer to rehabilitative needs of many blind persons nor should it be presented as such.

That, this specialized service is not comprehensive nor does this negate its importance.

That, careful documentation of case histories and experiences would contribute in evaluating more accurately the relationship between the restorative mobility service and total rehabilitation.

The planning study group so reached general conclusions regarding an adequate orientation and mobility service; analyzed anticipated volume of training need in Missouri, devised a priorities system of acceptance for service; studied costs involved in the intended program; established the interrelatedness of the Society's mobility program to the work of the State Bureau for the Blind, to the Missouri

School for the Blind, and to the Special School District for Handicapped Children in St. Louis County; and laid the groundwork for organizing - immediately in St. Louis and in the fall of 1963 in Kansas City - centers for mobility training in connection with the already established family casework program of the Society of St. Vincent de Paul.

The planning study involved collaboration and cooperative effort with the educational and rehabilitative agencies for the blind in Missouri. The results of the work were reduced to inter-agency agreements for service and payment for service. Specific agreements and procedures for service were established.

III. PROJECT REALIZED

Statement of Purpose General

The planning had succeeded in its objective, namely to consider how orientation and mobility might best be initiated in the State of Missouri. Implied in this planning was the recognition that Missouri totally lacked any approved program of travel training; and moreover, that such services were sorely required and should be made available to the blind population of the State. The project was approved and became effective January 1, 1962.

Orientation and Mobility Services for the Blind in

Missouri was so established as a demonstration project related to the establishment of orientation and mobility services on a state-wide basis under family agency auspices and to experimental work in orientation and mobility with young blind children, with older blind persons, and with other selected groupings of blind persons.

The demonstration project implicitly recognized and accepted the basic tenet, that all the losses associated with blindness, the loss of mobility is of the most severe. The Society through the demonstration project addressed itself to this privation for the State of Missouri. Also, it should be pointed out, a unique significance in the project was the introduction of mobility services would be under the auspices of established family casework agency. Inasmuch as counseling help is recognized increasingly as a necessary adjunct to concrete mobility services, the demonstration project incorporated and provided the opportunity for testing on integrated counseling and mobility service.

Specific Statement of Purpose

The purposes of the demonstration project encompassed twelve specific elements and so stated. - They may be paraphrased and synopsized as follows: to initiate

orientation and mobility training for a minimum of eighteen vocationally rehabilitatable persons during the first year of operation; to establish the beginnings of a state-wide approach to mobility training through a continuously expanding service in various parts of the state, to determine whether, through the aggressive combination of private and public agency resources, substantial progress can be made toward providing intrastate the mobility training resources now lacking; to establish an orientation program for younger blind children who are in attendance at the Missouri School for the Blind or who are part of the program in the St. Louis County Special School District for Handicapped Children and to compile, on the basis of experience, a course of mobility instruction for school children who are blind to engage in orientation and mobility work with a selected number of older blind persons not vocationally rehabilitatable and to appraise the worthwhileness of these efforts as contributory to personal satisfactions and social acceptance; to determine to what extent an orientation and mobility training service, under the auspices of a family casework agency, offers a substantial rehabilitative program related to the travel and social-psychological needs of blind persons; to establish procedures for

evaluating the counseling and mobility training aspects of the total program; and to engage consultative help in this kind of analysis and evaluation.

IV. PROJECT METHODOLOGY

Recapitulation and Division

The demonstration project by establishment and structure was to be action oriented - that is in providing of orientation and mobility services to blind in Missouri. Related to that principal emphasis was the observational and evaluative methods designed to appraise the effectiveness of the new Missouri program and to produce informal but planned research findings based upon program experience in areas of special interest; especially, the training possibilities of young blind children and the use of selective travel training procedures with reference to older blind persons. The means of achieving these purposes and objectives were classified under three general headings: (1) Organizational and Administrative Work and Methods; (2) Direct Service Work and Methods; (3) Evaluative Work and Methods.

Organizational and Administrative Aspects

The Society of St. Vincent de Paul of St. Louis, through its corporate board, was established as having governing and policy control for the orientation and mobility service that will be associated with the

Society's family casework program. Administrative and service components of the program will be directed by the Project Director and will be carried out by staff-mobility instructors and one caseworker. Consultants also were to be made available, whether client centered, such as psychologists, audiologists, psychiatrist, or staff centered such experts of mobility teaching from Boston College or Western Michigan, and called upon at the discretion of the director.

The offices of Catholic Family Service, Society of St. Vincent de Paul, located at 4140 Lindell, St. Louis, Missouri, was established as headquarters for the mobility service and was appropriately publicized in connection with the offering of the service for the first time in Missouri. Plans for a second mobility center in Kansas City were made.

Direct Services Aspects

A preliminary phase of approximately two months was anticipated for purposes such as orienting the new mobility staff to the general family agency operation of the St. Vincent de Paul, choosing appropriate settings and varied neighborhood environments to be used in the travel training program, completing intake studies for the first students to be trained, establishing detailed reporting procedures on all cases and all aspects of the mobility program, and

the like.

The Direct Training phase - the essential service, was geared (1) to providing the complete and prescribed orientation and mobility course to individual pace and needs, for twelve blind persons yearly, per mobility specialist; (2) to providing orientation and selectively, travel training to blind children in attendance at the Missouri School for the Blind or in an integrated school setting under the auspices of the Special School District for Handicapped Children of St. Louis County. The school program for the first year involved: (a) general appraisal by the mobility instructor of orientation and travel skills being presently imparted at the school; (b) consultation with school staff aimed at their involvement in promoting sound orientation and travel techniques in classroom and residential life of the children under care; (c) the scheduling of individual children for orientation service in accord with a progressive plan that will eventually result in equipping virtually every child for independent travel at the time of graduation; (d) experimental work for the purpose of determining the age at which more advanced travel techniques can be introduced into the blind child's life.

Also at the outset the project involved itself: to provide orientation and to experimenting with limited travel training for older blind persons, not eligible for vocational rehabilitation; and to provide casework counseling service with respect to all cases in individual training. One caseworker was deemed sufficient.

Evaluative Aspects

Two general areas were established in which evaluative work was to be involved. The first general aim was to determine the effectiveness of the total service, especially its mobility and counseling aspects. Expert evaluation of a beginning program was stressed and regarded as very important in assuring that the service was solidly and professionally anchored. The second aim was to observe and record comprehensively observable case data, particularly that involving experimental work with children and older persons; and to draw conclusions from the synthesized data.

Casework Procedures

Applications for service were to be received by the Project Director. Applications were here reviewed and at this point could have been screened out if some ineligibility factors or obvious inadequacies of the client or his situation were apparent.

If approved at screening by the Project Director the

application was steered to assigned caseworker, along with the Project Director's impressions or suggestions as part of the formal record. And upon assignment of the case, it became the responsibility of the caseworker to initiate contact with the client in order to begin the process of determining if the client could make use of the mobility process.

The caseworker would utilize what tools or community resources are available in order to collect as complete a psycho-social report as possible. The report would be based on those contacts the caseworker has with the client in his own home and in the office interview. The office contact was important to test the applicant's ability to get to the site of later training. When indicated the report would contain contact with appropriate collateral person, such as employers, relatives, school teachers, friends, and the like.

Besides trying to individualize the client as a social being belonging to some segment of society, often as a part of a close family group, the caseworker would try to identify those qualities and those strengths which would motivate the applicant and assure some degree of success in the total rehabilitation process.

Just as the role of the mobility instructor was established to concentrate his efforts in those areas of his greatest competence, namely mobility instruction, and as would the Bureau for the Blind bring to bear its facilities in the area of its greatest competence, namely the vocational rehabilitation of the trainee.

The caseworker's competence would be evident not only in identifying the strengths and weakness of the applicant, but also in trying to elicit the full potential of the trainee to proper use of psychological support essentially or when appropriate, environment manipulation, or insight therapy.

There was a conclusion, if not too strictly adhered to that the caseworker's main task was to continue to give encouragement to the trainee throughout the training. Resistance to a demanding schedule would come from various sources from the client himself as he became anxious to function as a less dependent member of society. Or the trainee's wife or family who may have been threatened by some need to change their own patterns or the patterns of the trainee whatever the resistance, the caseworker would bring to bear those skills which could help to identify the problem area so that some determination could be made of the possibility, or in some instances,

the impracticability of rectifying a severe situation.

When the caseworker collected the material to effectively individualize the applicant (which often includes psychological or other test materials, including physical examinations) the caseworker wrote a comprehensive summary on the applicant which included recommendations.

The material was forwarded to the Director of the Project who channeled the material to the mobility instructor who makes his evaluation of the applicant.

The mobility instructor completed his evaluation, summarized his findings and submitted a report to the Director of the Project. The first staffing of the case was then scheduled. The purpose of the staffing was to consider all the information on the applicant in order that a decision towards formal training could begin. Participants of the initial staffing would include the Director of the Project, a representative from the referral agency, which in most cases was from the Bureau for the Blind, social caseworker, and supervisor, the peripatologist, and any other persons whose presence may add to the general understanding of the client or the project.

The format of the staffing was similar to that used in the psychiatric field. The Project Director would give general direction to the proceedings. He

would call for reporting of summarized material compiled by the social caseworker, the report of the mobility instructor would follow other reports, such as psychological, medical and the like would conclude the phase of staffing. The director would elicit general discussion of the case situation in order to arrive at formal acceptance of the applicant for training. It would also be the responsibility of this same group to reject or counsel out an applicant at this stage of planning if such a decision could be appropriately rendered.

The caseworker would bear the responsibility of communicating and discussing each decision with the applicant. The caseworker would further take such notes at the staffings so that the proceedings may be documented and used as a basis for further information to interested and responsible members of the Project; for this purpose a case file was established as a procedure to be kept which would contain material appropriate to the applicant's situation. When the applicant was accepted for mobility training, the caseworker would notify the applicant of acceptance and encourage early contact with the mobility instructor to initiate planning. The caseworker would maintain frequent contact with the trainee to give general support to the success of the training. Consultation between the caseworker would proceed normally

as one or the other feels the need for such a conference.

The Project team also had the discretion to set the time for a final staffing of the trainee for the purpose of evaluating the level of attainment of the trainee and to provide such useful material as it had in its possession to the agency responsible for further rehabilitation procedures.

It should also be pointed out that final staffings were called to consider an approach or decision in regard to a trainee who dropped out of training. Since so much was at stake for the trainee who dropped out, not to speak of the obvious time and effort expended, all persons committed to the program had to consider this kind of decision together to determine what could have been done to help the trainee remain in training or accept his actions as final. Through it all the role of the caseworker was extremely important. Enough emphasis can not be given to the part of the caseworker, in many instances it was the caseworker's knowledge, encouragement, understanding, and skills in handling a situation which would mean the difference between success and failure for the individual trainee.

Mobility Training

The following brief description will be useful in understanding and assessing the remainder of the report. It should be remembered that a person is judged to have completed training when he has achieved a level of travel proficiency commensurate with his physical, emotional, or mental capacity; that he can safely travel in environments that he must travel. It should also be remembered, of course, that this training outline was applied flexibly in keeping with individual differences among the trainees.

Basic Orientation

The trainee begins in the home, where he is taught to move about comfortably in familiar surroundings. He learns to take direction from stationary objects; to judge distances between objects; to protect himself from blundering into objects; to visualize schematically if necessary, the shape and dimension of rooms and other spaces and their relationship to one another, the arrangement of furniture, and the relative position of fixed and movable objects.

In an unfamiliar indoor setting, the trainee, next utilizing the long cane, learns to ascend and descend stairways, to locate doorways and to negotiate hall-

ways. During this phase of training the trainee is shown how to use a sighted guide holding his companion's arm slightly just above the elbow, which causes him to trail his instructor about a half pace making it relatively easy to follow the guide's movements and direction. The touch technique is practical, for until the trainee, and this can not be overemphasized, is able to employ his cane automatically, he can not free his mind for the important task of interpreting the information which his cane and remaining senses bring him. This touch technique is practiced indoors and when the trainee has mastered its skill he is ready to move outdoors.

Residential Travel

The instruction then moves outdoors to a quiet residential area where pedestrian and motor traffic are minimal. Learning to walk without constant veering, keeping "in step" and preventing the cane tip from sticking in cracks in sidewalks and in grass are tedious and troublesome harassments which the new trainee must overcome.

Learning to make simple street crossings is also a part of this phase of training. Initially, it is begun at intersections without automotive traffic. The trainee is taught how to properly locate the

curbs and to line himself up at right angles with the street he intends to cross. Later this same procedure is followed with light automotive traffic. At this point the trainee is taught to use traffic sounds, not only to determine when it is safe to cross, but also to assist him in lining up for straight crossings.

Visualizing the arrangements of streets is very important to the blind traveler. If necessary, he is helped to understand the usefulness of address numbers, the ascending and descending order of numbered streets and if any the alphabetical significance, if any of named or lettered streets. He begins to learn how to ask for and receive directions clearly and efficiently. The trainee learns the importance and the relative position of landmarks in his own neighborhood, which he might use to orient himself; these might include trees, fire plugs, fences, walls, hedges, mailboxes and the like. The culmination in this phase of training is the trainee's ability to travel a predetermined route, to locate an objective, and to return to his starting point without assistance from the instructor. The trainee is ready for the next phase when he has demonstrated that he can travel comfortably, effectively, and safely in a residential area.

Semi-Congested Travel

The trainee receives a verbal and physical orientation to a more heavily traveled portion of the city, such as a small business area. He meets here heavier pedestrian and automotive traffic. He is taught how to cope with wider sidewalks, broader streets, intersections controlled by traffic lights, and greater potentially distracting noise.

Building upon his previously acquired knowledge and recently learned skills, the trainee learns to locate additional objectives, such as markets, barber shops, bakeries, and the like. He learns to enter these premises, conduct his business and depart without assistance. He learns how to accept and refuse assistance from sighted persons diplomatically. He is exposed to crossing a well traveled street, "with the light" while learning to interpret a variety of sounds and cues.

An introduction to public bus transportation may occur at this point. This encompasses a thorough orientation to bus service, using a vehicle not in service. Of specific interest is the knowledge of the exact location of the fare box and the exact arrangement of seating, which is close to standard on most buses. Of equal importance is a working knowledge of the location of the rear door, the hand

rail for use while standing, and the pull cord used to signal for stopping. The trainee is required, again, to demonstrate his proficiency by traveling unaided, perhaps from a point in a residential area to some objective in an adjacent shopping area with which the trainee has been familiarized, and then back to his starting point. The trainee is then ready for the final phase of mobility when this sort of performance has been repeated several times, safely, and with good technique.

Heavily Congested Travel

This phase of training involves instruction in downtown areas. Some automotive and pedestrian traffic lights require all automatic traffic to stop and all pedestrians to go during one phase of the traffic cycle. In these situations the trainee is denied automative traffic sounds as directional guides. Also, pedestrians are allowed to cross these intersections diagonally, if desired, and the trainee may find the flow of traffic unreliable.

At this point the trainee is exposed to department stores, large office buildings and bus terminals. Revolving doors, escalators, and elevators are also encountered. Bus transportation now usually involves transfer. There is hustle, confusion, more noise and more congestion, but the trainee is now

capable of coping with these conditions as a result of systemized instruction which he has now mastered.

This section ends on the principle where it began, by stressing - that a person is judged to have completed training when he has achieved a level of travel proficiency commensurate with the physical, emotional, or mental capacity; that he can safely travel in environments that he must travel. It should be remembered that this training outline was applied with individual differences among the trainees.

V. RESULTS

During the span of the project eighty-one (81) cases were referred to the center for service. For purposes of clarity it serves well the scope of this report to divide these referrals into the following classifications: A. Referrals with Complete or Limited Training; B. Referrals Unable to Begin Training; C. Referrals and Work with the Special School District.

Referrals with Complete or Limited Training

Fifty-three (53) clients were served in this category and of this number, thirty-seven (37) clients completed the mobility course. It has been stressed sufficiently what "completing" a course entails. Of

the remaining sixteen clients, nine were considered to have restrained success in a limited training program. By limited training as a working definition is understood, that a complete course was neither required nor practical, because of factors such as age, physical limitations, anxiety levels, motivations and the like; or where training for specific goals or environment would satisfy the needs of the client. Of the remaining seven - all terminated the course of mobility instruction as two were found to be physically unable, two moved to another part of the country, one had acquired a guide dog, one was "psychologically not ready" and one found "no personal advantage to the course." In summary then:

Clients Served	53
Completed Training	37
Limited Training	16
Limited Success Training	9
Limited Terminated Training	7

Referrals

The project's commitment to the more densely populated areas of the state in keeping with its system of priorities is reflected in the following tables:

Saint Louis Bureau for the Blind	23
Kansas City Bureau for the Blind	18
Missouri State School for the Blind	6
Self Referrals	5
Private Agency	1

It should be noted that the "Self Referrals" to the

Center were a direct result of the project's publicity efforts, through television and radio programs, or articles in professional journals and in the daily newspapers.

Age

The age of the individuals who were referred for training ranged from thirteen (13) to sixty-seven (67). Again the following tables reflect adherence to the planning of the project within the system of priorities by stressing service to the young:

Total Clients Served:	53
Age Grouping 13 - 20	16
21 - 40	15
41 - 60	16
61 - 67	6
Completed Training	37
Age Grouping 13 - 20	12
21 - 40	12
41 - 60	11
61 - 67	2
Limited Training	16
Limited Success Training	9
Age Grouping 13-20	1
21-40	4
41-60	4
61-67	0
Limited Terminated Training	7
Age Grouping 13 - 20	2
21 - 40	1
41 - 60	1
61 - 67	3

Sex

Total Clients Served	53
Males	32
Females	21

30

Completed Training	37
Males	26
Females	11
Limited Training	16
Males	8
Females	8
Limited Success Training	9
Males	5
Females	4
Limited Terminated Training	7
Males	3
Females	4

RACE

Total Clients Served	53
White	43
Negro	10
White Completed	31
Males	21
Females	10
White Limited Success Training	5
Males	3
Females	2
Whites Terminated Training	7
Males	3
Females	4
Negro Completed Training	5
Males	2
Females	3
Negro Limited Training	5
Males	0
Females	5

Marital Status

Total Clients Served	53
Total Single Clients	23
Total Married Clients	20
Total Divorced Clients	3
Total Separated Clients	1
Total Widowed Clients	1
Limited Training	16

Limited Success	9
Single Clients	1
Married	6
Divorced	1
Separated	0
Widowed	1
Terminated Training	7
Single	4
Married	2
Divorced	0
Separated	0
Widowed	1

Occupation

Assembly Worker	1
Chef	1
Construction Worker	2
Dairy Driver	1
Door to Door Sales	3
Film Developer	1
File Clerk	1
Homemaker	10
Librarian	1
Machine Worker	1
Masseur	1
Medical Terminologist	1
Paper Hanger	1
Porter	1
Rank and File Worker	2
Retiree	1
Self-Employed	1
Students	18
Supervisors	1
Teacher	1
Typist	2

The following vignettes relate the training experience and serve as a sample of individuals whose training was considered "complete" - that is, when the client achieves a level of proficiency, commensurate with the physical, emotional or mental capacity, so that he can safely travel in environments that he must travel.

Mrs. M. H. is a forty-one year old separated female

homemaker. She was blinded at the age of ten, the etiology was hydrothalamus - infantile glaucoma.

With the separation of her husband, Mrs. H. became sole support for her three children. She was referred to the center by the Bureau for the Blind whose rehabilitation plans for her as a medical dictaphone typist was contingent upon her ability to travel.

After overcoming a strong resistance to establishing meaningful relationships with her caseworker, she satisfactorily completed her mobility training. She was supported in her typing program by her instructor as she gained a higher degree of independence and moved about more freely than "any other of the blinded women in the rehabilitative program."

Mr. S. S. is a fifty-five year old married male and former supervisor of a medium-sized concern. Mr. S. is a responsible, hard working immigrant who lost his sight only eight months before beginning training. The etiology was bilateral diabetic rubeosis, irides, and secondary glaucoma bilateral. Mr. S. heard of the work of the project by way of a local community orientated radio program and voluntarily approached the center. He wanted to gain more independence and "maintain his masculine role." The

project paved the way. He was highly motivated and proved an excellent student. He was greatly impressed with the fact that there were agencies and people who had technical skill and knowledge to solve at least some of the problems created by blindness. At the conclusion of the course he found a renaissance of his original drive and confidence. He found social avenues reopened as he again joined clubs and visited friends. But more importantly, he could again walk about freely, which he so loved to do.

Mr. W. A. is a twenty-three year old single male. He was referred to the Kansas City center by a large university in another state. He was blinded the same year by diabetes. Mr. A. planned to attend a computer program at the school, and the school required mobility training prior to his acceptance.

He proved an excellent traveler in technique and negotiating difficult situations. He gained confidence in his remaining senses and developed an unusually high ability to maintain his orientation and soon traveled anywhere he wished. This was borne out in an orientation and mobility evaluation follow-up report written by a peripatologist near the university.

Mr. O. B. is a fifty-five year old married male who, within the year, due to a sudden onset of glaucoma, lost total sight in his right eye and retained only ten per cent vision in his left eye. This sudden blindness brought on a severe measure of depression for the client for he had previously been a very active person. Mr. B. wanted to make use of the program so that he could get back and forth to his newly acquired business, thereby providing for himself and his wife.

He eventually proved to be an active student and satisfactorily completed his training and travels independently in his home town and in unfamiliar areas - which for his age was considered a real accomplishment.

He recovered a good measure of his independence and works hard at his new business. He travels to and from work with relative ease. With supportive casework some modification was noted in Mr. B's personality as he more readily accepts his blindness and works hard at overcoming his prior depression.

He remains an active and contributing member of and to his local community.

The following training experiences serve to typify cases of "incomplete" or limited success. And by limited success, again, as a working definition, is

understood - that a complete course was neither required nor practical - because of factors such as age, physical limitations, anxiety levels, motivations, and the like, or where training for specific goals or environments would satisfy the needs of the client.

Mr. H. G. is a sixty-two year old widowed, door-to-door salesman. Mr. G. possessed an unusual ability to travel for a congenitally blinded individual. Endowed with fine hearing and perception he traveled for fifty years without formal training; from the beginning of training he handled the long cane with amazing confidence and had little difficulty with mastering the basic technique.

It might be well to recall at this point, that while the course is designed primarily for the adventitious blind, the congenitally blind can profit to a great extent.

After a few lessons Mr. G. became more reluctant to continue the lessons and finally terminated the program. After discontinuing training Mr. G. was asked about his thoughts concerning the long cane, the technique, the program. He thought for the most part all blind persons would profit greatly from the training, but from a personal standpoint "it offered no real advantage."

Miss B. M. is a single, sixty-two year old, female teacher. She was blinded at the age of two as a result of application of the wrong medications. She had used family and friends to move about, but now they were slowly but consistently slipping away.

In January she began training with reluctance and expressed the thought that she may "never use it" and continue to look for other methods. Miss M. found the teacher role reversal extremely difficult to accept.

After twelve weeks of high percentage omissions of scheduled appointments, sporadic progress, and general low performance, against great supportive efforts, Miss B. decided to terminate training.

In June of the same year the total situation was evaluated at staffing. In view of the social, physical, psychological factors, Miss B's decision was accepted and would not be considered for any further training at the time.

Miss J. L. is a seventeen year old student. She lost her sight within the year as a result of a central nervous system tumor. Heretofore, she was traveling with sighted guides and an untrained dog, and although she continued to attend her local high

school, the vast majority of her movement was restricted to her neighborhood.

In rather a confused way did the client see mobility training as necessary for her future. Also she found it extremely difficult to accept her blindness. Her relationship with her peer group was intensely strong and quite dependent. This was noticed soon after training began and for her it was becoming increasingly apparent that cane travel was separating her from the group. She also refused to identify with any blind group, nor would she train about her school until she was sure that the vast majority of students had left the premises.

The resistance and denial of blindness and the "identifications" it would give her, increased to such a degree and to such an extent, that psychological and psychiatric consultations were deemed necessary.

The team of investigators found that throughout her life she needed help and treatment on the psychodynamic level. The recent blindness precipitated the awareness of this need.

Increased supportive efforts and introduction of tranquilizing drugs seemed to have little effect or produce any noticeable change on the client as she

related desperately, "I am still not ready to accept the fact that I can not see and that I should have to use a cane." She terminated training.

The caseworker kept up monthly visits to maintain interest and be available should the client renew her interest in the program.

B. Referrals Unable to Begin Training:
A total of twenty clients were referred to the program who were unable to begin mobility training. Seven of these were referred to the Kansas City Center. All were involved in screening, staffing, examinations, physical and, in some cases, psychological. Casework was also involved in each of the situations and quite naturally in some, more than in others.

The following point out the variety and complexity of reasons of why potential trainees were unable to begin.

The Kansas City Experience:
Mrs. C., just previous to training, suffered a fall in her bathroom and the pain was especially intense upon exercising. It became physically impossible for her to begin training.

Mr. H., prior to training, moved to another state and there is attempting to receive a corneal transplant.

Mrs. H. was reluctant to begin training from the outset but was willing "to give the service a try." Soon she said that her doctor did not wish her to take the training, fearing that the exercise would "be too hard on her." Shortly afterwards she entered the hospital.

Mr. P., a resident of mid-state, was unable to work out satisfactory living arrangements which would enable him to take advantage of the service.

Mr. T's situation was identical to that of Mr. P.

Miss W. found that beginning the mobility program would be "just too much of a conflict with her work."

Mr. W. frankly related that he had previous training and did not use it, and furthermore, "does not want any more."

The St. Louis Experience:

Mr. L. B. is a fourteen year old student at the Missouri School for the Blind. He was very eager to begin training but his general health, his slow rate of maturing physically, and general health militated against his commencement.

Miss O. C's case of a ten year old student parallels that of Mr. L. B.

Mr. J. C. is a twelve year old student who did not

begin training on the advice of his neurologist.

Miss J. E., a twenty-eight year old teacher, felt in her final decision that the program would present too much of a conflict with her teaching.

Mrs. A. F. is a forty-five year old mother of five. Her husband did not live in the home. She was quite ambivalent about training from the outset. She decided against training because she was "just too busy with her family."

Mrs. M. F. is a forty-eight year old homemaker who was heavily burdened with financial and domestic problems. Mrs. F. decided that these problems must be resolved before she could be "free to act on others."

Mrs. L. H. is a fifty-six year old homemaker who heard of the program by way of a local radio program. She called the center and after extensive investigations and upon the advice of her physician, it was agreed that it would be physically impossible for her to begin training.

Mr. J. L. is a thirteen year old student at the Missouri School for the Blind. Being a very frail child and coupled with the fact that he loses interest quickly and drops out of activities - it was decided to postpone the beginning of training for a

year or two.

Mrs. M. M. is a fifty-nine year old homemaker who because of physical health simply could not begin nor be expected to profit from the program.

Mr. C. M. is a twenty-nine year old married male who was blinded within the year. The sudden blindness proved such a severe and damaging blow that he was not "psychologically ready" to begin mobility training.

Mr. E. O. is a sixty-eight year old married retiree. Because of age and general health, he was unable to begin a program.

Mrs. L. S. is a seventy year old widow whose case parallels that of Mr. E. O.

Mr. M. V. is a twenty-four year old single male who resides with his parents. He was partially sighted and was referred to the center by the Bureau for the Blind. After testing his ability to move about in traffic at all levels - he was judged to not be in need of training at the present time.

C. Work with the Special School District of St. Louis County, Missouri:

Working with the children was of special interest to the project in keeping with the system of

priorities. In many ways it was the most rewarding. Although the youngsters represented a small per cent of all references - watching the young people develop independence and assurance in an area so vitally affecting their lives gave a special satisfaction to the director and his entire staff.

The following were established as broad, general guidelines to be followed in working with the younger people in pre-mobility and again stress was applied commensurate with the need in any given area. Mobility training when applicable followed procedures already explained. Trailing (the ability to use a wall as a guide for traveling in relatively unfamiliar surroundings) - the hand and arm are placed at approximately a forty-five degree angle, the body is kept away from the wall, the fingers are held together and down in such a manner that they will not be injured when they come in contact with a foreign object, and with the hand and arm in such a position that the student is taught to make his way to his objective, using the wall and any other environmental condition that may be of assistance to him.

Cross-Body - a technique used in moving about completely unfamiliar surroundings; the hand and arm are placed in such a way as to protect the body from

the lower part of the trunk up to the head, and thus prevent the student from injuring himself in any way as he moves about in a situation with which he is completely unfamiliar.

The modified cross-body (a technique in which only one arm is used and placed in such a manner as to protect the student as he moves about in generally familiar situations) - is employed by the student in his normal day to day movements about his home or school.

The proper method of locating a chair, examining the chair and the proper method of sitting down - this is very beneficial for young students to learn, especially the girls as, if they handle themselves in a graceful manner in such a situation, it gives an extremely good impression of confidence and independence. Several lessons were spent in posture techniques and exercises.

The technique for finding lost objects was also taught. Allied with this technique, the student was taught how, especially if a young lady, to protect herself as she bent over to begin a search for lost objects. This particular method of searching proved quite beneficial and practical.

The students were orientated to their own resource room and to the all purpose room. On each occasion

they were asked to explore and identify most of the objects in the room, doorways, pillars, stairs, windows and the like, and to be able to walk from any one of these particular areas or objects to another without using the wall for a guide.

Several lessons were spent in teaching the student how to travel with a human guide, the proper grip to be used, the proper position of the person in relation to his guide as they travel together. The student was also taught the proper way to pass through doorways and other narrow openings with a guide, and to protect himself against doors that would swing back into place, possibly before he got completely through the doorway. Also the student was taught the way to break the improper grip of a person who was assisting as a guide.

Work was done with a clay model. The model itself was constructed by the student in the number two phases, the first was a replica of the resource room with all the objects in their proper place. From time to time during the work on the model, the student was encouraged to get up and check the actual position of the different objects to make sure that the youngster had them correctly placed on the model. In the second phase, the student

would indicate where the aisles were located on the model. The student would then indicate where the aisles were located in the resource room. The student would duplicate the aisles on the model and then afterwards would walk up and down the aisles of the resource room. The purpose was obviously to teach the student to travel in the room without bumping into objects, such as desks, chairs, and the like. Later this concept was extended to include other parts of the school.

Work was done on a kinetic board in which the student was asked to place ten sticks or rods of different lengths in their proper position on the board. The means by which the student was able to determine the proper position of the rods was by touch and estimation of weight of each individual rod. The purpose was to develop kinetic memory or muscle memory and proved to be a very interesting part of the work with the young people, as the ability to remember the proper lengths and weight of a given rod after exposure over a period of time.

Work with the youngsters, with the exception of one, took place in and about Conway School, an extension of the Special School District.

The following are the experiences of work in this

area. Five boys and three girls were served, the age ranging from eight to seventeen.

Mr. R. A. is a ten year old student who is partially sighted. He proved a very capable student in the pre-mobility work. In fact, his biggest danger was "going too fast." The lad developed strong sensory abilities as well as good facial vision. His physical co-ordination and mental ability were also very sharp; his need for mobility at this point. He will need extensive instructions when he starts independent travel, which he has not been allowed to do by his parents. The groundwork for further training for the lad is solidly established.

Miss S. B. is a ten year old student. All her lessons stressed the pre-cane and sensory areas. She responded very well to all of the inside protective techniques, such as cross-body, trailing, and the like. A very pleasant young lady, she is an exceptionally sharp student insofar as sensory and physical abilities are concerned. Her healthy attitude toward her blindness, the notable supportive efforts of her parents, coupled with her newly acquired knowledge and skills, make Miss B. a promising candidate for cane travel.

Mr. M. B. is an eleven year old congenitally blind student. His progress was considerably good in his pre-mobility activities. The tasks requested of him, however, were performed with difficulty. With time and the lad's determination to succeed, the fundamentals were sufficiently mastered. He was judged in need of more physical activity to develop his body in order to be more fit for cane travel.

Miss G. D. is a fourteen year old student who was exceptionally good in pre-mobility work. Cane travel was restricted to the school area in preparing the young lady so that she would be able to travel from class to class unassisted in her school the following year. The success with the cane was limited for several reasons. First, she was unwilling to practice outside her lesson time and also she had no real desire to travel alone. Another reason was that the cane distinguished her from her peer group. She was also feeling the pressures and problems of normal teen-age girls. She did accomplish enough to get around the school campus and was judged to be a good potential independent traveler when "time and experience would help ease the wounds of her blindness and when her desire for more training becomes more pronounced."

Miss C. G. a twelve year old student achieved remarkable results in her pre-mobility work. At the close of the school year she was at the point of street crossings. Only weak arm muscles, which resulted in poor wrist movements, prevented her from being a "perfect student." It was extremely satisfying to note that her parents were delighted with the entire program and its results.

Mr. R. K. is a totally blinded, eleven year old fifth grader. Work in the pre-mobility area for the lad was extremely slow, although his resource teacher was very much pleased with his improvement. He was poorly co-ordinated and lacking in balance. To improve these areas, roller skating, jumping rope and generally exercising were employed. The lad seemed to like the activities and the activities seemed to strengthen his weaknesses. At the close of the school year his areas of improvement were in gait and posture. Work with the lad was judged to be very slow.

Mr. M. L. is a seventeen year old student attending a local high school in conjunction with and under the supervision of the Special School District. Pre-mobility training was dispensed with as the student was extremely well orientated. The outdoor techniques were easily mastered by the student.

The areas of residential travel, small and large business areas, and suburban travel were covered during training. Public transportation was also dispensed with as the student was familiar with that type of travel. The lad's interest in a guide dog was supported by the entire staff of the program with the resulting application and acceptance for training at the Seeing Eye, Morristown, New Jersey. He was extremely well equipped for dog guide travel by instruction in cane travel as a solid foundation from which to build.

Mr. J. M., the youngest of the group at age eight, is a totally blinded third grader. He was taught most of the techniques in the pre-mobility area as the rest of the children. He did satisfactorily in most areas. The lad was judged to have excellent potential for further and more intensive work. His approach was natural and unpretentious - factors which lend themselves to easy and quick instruction.

VI. IMPLICATIONS AND DISCUSSIONS OF CONCLUSIONS

The overall results of the project were positive, gratifying, and encouraging. In general, the mobility program broadened and enriched the lives of the trainees. The program helped to overcome that greatest of all reality losses associated with blindness, that of mobility. The experience

of the project must be interpreted in the light of its purpose. So in a word, the project community mobility training in a multi-phased program to the residents of the State of Missouri, placing special emphasis in working with the young.

It seems clear that the overall has been achieved and that the results are positive. In that spirit the following impressions are offered:

That, through the efforts of the project, the concept of mobility training was formally introduced into the State of Missouri and is now solidly established in public agencies and private as well.

That, with a combination of private agency and public resources, a genuine state-wide program of orientation and mobility training could be effected.

That, the supportive role of counseling can not be overstated. Its role is vital in an effective mobility program.

That, the value of the social worker in providing comprehensive services is indispensable and must be stressed. This is especially true with newly blinded persons.

That, the social worker was also especially effective in helping families of blind persons deal with their

personal misgivings about mobility training.

That, it was also evident that without the approval, aid and encouragement of the family, that mobility training is difficult to sustain and its effects are easily attenuated.

That, courses in mobility although complete are never final, so a center for "refresher courses" should always be available.

That, a community based program can with the proper amount of modifications work profitably with the entire range of the blind population without sacrificing principles of solved mobility instruction.

That, a program of mobility instruction should aim at early instruction, it should be at the same time flexible enough to allow for temporary suspension of training.

That, mobility training is not synonymous with total rehabilitation and is not a complete answer to rehabilitative needs of many blind persons, nor should it be presented as such.

That, often, especially with the aged or infirmed, a complete course was neither required nor practical. Specific goals or environments would sufficiently satisfy the needs of the client.

That, the essential fact to working with the partially sighted clients was to help them obtain a realistic appraisal of their visual limitations and to so travel safely within these limitations.

That, blindisms in children tend to become less pronounced after beginning orientation and mobility training. And daily association with sighted children tends to effect the same result.

That, blind children, especially adolescents, will usually exhibit some negative feelings about using the cane. The reaction is by no means specific or standard but it occurs in a high percentage of cases.

That, also work with blind children points out the desirability of beginning sensory training with the youngsters as soon as possible and this can not be too forcefully emphasized.

That, above all, the program demonstrated effectively the necessity of providing orientation and mobility services to the visually handicapped persons in the state, as evidenced by the subsequent establishment of such programs at the Missouri School for the Blind and the Bureau for the Blind in the state.

That, lastly, the program also effectively demonstrated the high level of cooperation that can be achieved between a state supported agency such as the Bureau for the Blind, and a private agency such as the Society of St. Vincent de Paul, in meeting specific needs of the blind population of a state. The interaction between the two enlarged, enriched and enlightened and proved mutually beneficial to both.